

In re: PG&E CORPORATION, - and - PACIFIC GAS AND ELECTRIC COMPANY, Debtors. <input type="checkbox"/> Affects PG&E Corporation <input type="checkbox"/> Affects Pacific Gas and Electric Company <input checked="" type="checkbox"/> Affects both Debtors <i>*All papers shall be filed in the Lead Case, No. 19-30088 (DM)</i>	Bankruptcy Case No. 19-30088 (DM) Chapter 11 (Lead Case) (Jointly Administered)
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Omnibus Insurance Subrogation¹ Proof of Claim

In part 2, questions 1 and 2, include the **aggregate total** amounts of all insurance subrogation claims for all liquidated, contingent or unliquidated insured losses held by the creditor(s) identified in part 1, question 2, of this Omnibus Proof of Claim.

Complete Attachment 1 to provide a detailed description of the Nature and Basis of this Omnibus Proof of Claim.

The filing of this omnibus, consolidated proof of claim is for convenience only and is without prejudice to any party in interest's right to assert that the claim of each policy holder/tort victim to which the applicable insurer is "subrogated" (as that term is broadly defined herein) is a separate claim, or whether the undersigned creditor holds one single claim for purposes of these chapter 11 cases (including, without limitation, for voting purposes). All parties rights with respect to the foregoing are expressly preserved.

Signing this form constitutes an acknowledgement that you will provide additional support documentation to the Debtors upon reasonable request therefore, which support documentation shall be kept confidential and not filed with the Court unless under seal or with the express written consent of the undersigned creditor.

Do not use this form to make a request for payment of an administrative expense or for general or priority claims that are not related to claims arising from any payment made or to be made by an insurer to or on behalf of a tort victim relating to a fire.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Part 1: Identify the Claim					
1. Is this Omnibus Insurance Subrogation Proof of Claim being filed on behalf of one or multiple creditors?	<input type="checkbox"/> One creditor <input type="checkbox"/> More than one creditor				
2. Identify the creditor(s). For more than ten creditors, please attach a separate schedule.	<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;">Name of creditor 1</td> <td style="border-bottom: 1px solid black; width: 50%;">Name of creditor 2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Name of creditor 3</td> <td style="border-bottom: 1px solid black;">Name of creditor 4</td> </tr> </table>	Name of creditor 1	Name of creditor 2	Name of creditor 3	Name of creditor 4
Name of creditor 1	Name of creditor 2				
Name of creditor 3	Name of creditor 4				

¹ This form is for claims arising from or related to payments made or to be made by an insurer to or on behalf of parties insured under policies issued by such insurer who have, had or may have claims against the Debtors relating to the insured loss on account of which such payments were made, will be made or may be made (hereinafter, "tort victims"). Additional claims held by the undersigned creditor(s) may be separately filed. The use of the shorthand descriptive term "subrogation" herein is not intended to modify or limit the substantive rights of the holder of these claims or the basis for the claimant's right to assert claims originating with insured tort victims. These "subrogation" claims include, but are not limited to, claims that arise from subrogation (whether such subrogation is contractual, equitable or statutory), assignment (whether such assignment is contractual, equitable or statutory), or otherwise in connection with payments made or to be made by the applicable insurer to insured tort victims, and whether arising as a matter of state or federal law, including, without limitation, Section 509 of the Bankruptcy Code. The undersigned holder of these claims reserves its rights to assert any and all claims arising from, as a result of, or in connection with payments made or to be made by the undersigned insurer (or, where the claimant is the direct or indirect assignee of claims of an insurer, the applicable insurer (the "assignor insurer")) to or on behalf of each tort victim insured by the undersigned insurer or by the assignor insurer, and to assert all such claims both cumulatively and in the alternative.

	Name of creditor 5	Name of creditor 6
	Name of creditor 7	Name of creditor 8
	Name of creditor 9	Name of creditor 10

3. If more than one creditor is listed in item 2 above, are the creditors part of one carrier group?	<input type="checkbox"/> No. <input type="checkbox"/> Yes. Identify the group: _____
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4. Has this subrogation claim been acquired from someone else (other than an insured)?	<input type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____
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5. Nature of Claim and Basis for Claim.	See Attachment 1
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6. Where should notices and payments to the creditor be sent? If additional space needed, please attach a schedule. Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor/creditor group be sent?	Where should payments to the creditor/creditor group be sent? (if different)
	Name _____	Name _____
	Number _____ Street _____	Number _____ Street _____
	City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
	Contact phone _____	Contact phone _____
	Contact email _____	Contact email _____

7. Was a lawsuit filed prepetition in connection with these subrogation claim(s)? Please identify any lawsuits filed pre-petition for any subrogation claim(s) or group(s) of subrogation claims. Do not include lawsuits for related individual tort claims.	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please identify the lawsuit(s): Docket Number: _____ Court: _____
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8. Does this claim amend one already filed?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Claim number assigned (if known) _____ Filed on _____ MM / DD / YYYY
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9. Do you know if anyone else (other than the underlying insureds) has filed a proof of claim for this subrogation claim?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____
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Part 2: Give Information About the Claims

10. Liquidated Claims. What is the aggregate amount of liquidated claims (*i.e.*, payments made to insureds as of the date hereof)?

\$ _____

11. Total number of liquidated insured losses that form the basis of this claim: _____

12. Contingent or Unliquidated Claims. What is the aggregate amount of estimated contingent and unliquidated claims (*i.e.*, amounts reserved or estimated for claims to be paid to insureds for incidents that occurred prepetition)?

\$ _____

13. Total Claim. What is the aggregate amount of liquidated, estimated, contingent and/or unliquidated claims (*i.e.*, the sum of the answers to part 2 questions 1 and 3)?

\$ _____

14. Attorneys' Fees and Costs. This claim includes additional amounts for attorneys' fees and costs in amounts not yet determined.

15. Provide supporting data for each of the underlying insured losses paid to date.

Within five (5) business days after receipt of an Omnibus Insurance Subrogation Proof of Claim in which a claimant asserts a claim (or claims) on account of multiple insured losses, Prime Clerk will send the filer an email request to provide an electronic excel file containing the following information for each of the individual insured losses that form the basis of this omnibus proof of claim. This information, to the extent maintained by the claimant in the ordinary course of business, shall be provided to Prime Clerk substantially in the form requested so as to be received within 10 business days of the email request being sent by Prime Clerk or as soon as reasonably practicable thereafter. When submitting the electronic files, please provide definitions or explanations of all defined terms used therein. The information submitted to Prime Clerk may be updated and/or revised from time to time by the claim filer. The information sent to Prime Clerk shall be kept confidential by Prime Clerk, the Debtors and their professionals and shall not (a) be filed with the Court unless under seal or (b) otherwise made available to the public or any third party, without the express consent of the undersigned creditor.

1. Insurance Company Name
2. Fire Name
3. Insurance Policy Number
4. Insurance Claim Number
5. Claim Type (e.g., Auto, Commercial, Homeowners)
6. Claim Status (open/closed)
7. Type of Loss (e.g., structure, personal property, automobile)
8. Insured Name
9. Loss Location Street Address
10. Loss Location City
11. Loss Location ZIP
12. Date of Loss
13. Total Paid to date by Loss Type (e.g. structure, personal property, automobile)

Part 3: Sign Below

The person completing this proof of claim must sign and date it.

FRBP 90011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years or both.
18 U.S.C. §§ 152, 157 and 3571.**

Check the appropriate box:

- ☐ I am the creditor.
☐ I am the creditor's attorney or authorized agent.

I understand that an authorized signature on this Omnibus Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Omnibus Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date _____
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

First name

Middle name

Last Name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Number

Street

City

State

Zip Code

Contact phone

Email